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## \*\* CONTINUING DATA \*\*\*

None K0

## \*\* FOREIGN APPLICATIONS \*\*\*

None K0

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	4	35	3

## ADDRESS

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## TITLE

Method to define an optimal integrated action plan for procurement, manufacturing, and marketing

FILING FEE RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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